

738

127

**PLACE OF BIRTH**

County of Globe

District of Globe

Town of Globe

or

City of Globe (No. \_\_\_\_\_ St; \_\_\_\_\_ Ward)

**ARIZONA STATE BOARD OF HEALTH**

BUREAU OF VITAL STATISTICS

**ORIGINAL CERTIFICATE OF BIRTH**

State Index No. \_\_\_\_\_

Co. Register No. 221

Local Registrar's No. \_\_\_\_\_

**FULL NAME OF CHILD** Leonard Charles Omm } Born YES

If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive NO

Sex of Child <u>Male</u>	Twin, Triplet or other <u>✓</u>	and	Number in order of birth <u>1</u>	Legitimate? <u>Yes</u>	Date of Birth <u>July 29</u> 191 <u>4</u>
					(Month) (Day) (Yr.)

<b>FATHER</b>		<b>MOTHER</b>	
Full Name <u>Arthur Edward Omm</u>	Full Maiden Name <u>Helia Samella Rhoades</u>		
Residence <u>128 N. E. St</u>	Residence <u>Same</u>		
Color or Race <u>White</u>	Color or Race <u>White</u>	Age at last Birthday <u>32</u>	Age at last Birthday <u>32</u>
(Years)		(Years)	
Birthplace <u>Garnett City, Ind</u>	Birthplace <u>San Francisco</u>		
Occupation <u>Miner</u>	Occupation <u>Housewife</u>		

Number of child of this mother 4 Number of children, of this mother, now living 4 Were precautions taken against Ophthalmia neonatorum? Yes

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of above child; and that it occurred on July 29 1914, at 8 P M.

{ \*When there is no attending physician or midwife, then the householder should make this return.

(Signature) C. J. Sturgeon (Attending physician, midwife, householder. \*)

Given or christian name added from a supplemental report \_\_\_\_\_ 191\_\_\_\_\_

Address \_\_\_\_\_

Filed Aug 1 1914 B. Y. Fox LOCAL REGISTRAR.

Filed Aug 1 1914 A True Copy B. Y. Fox W. D. COUNTY REGISTRAR.

345-729-592 COUNTY REGISTRAR.